

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

460P

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		-1			
3						
4	1		1			
5	1		1			
6	1		1			
7	3		1			
8	6		5			
9	6		5			
10	6		5			
11	1	1	1			
12	6		5			
13	6		5			
14	1		1			
15	1					
16	1					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25			1			
26						
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	52					
TOTAL CLAIMS	57					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

22
30
53

19/VX